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Bib Data Sheet

CONFIRMATION NO. 4723

<b>SERIAL NUMBER</b> 09/679,043	<b>FILING DATE</b> 10/04/2000 <b>RULE</b>	<b>CLASS</b>	<b>GROUP ART UNIT</b> 1641	<b>ATTORNEY DOCKET NO.</b> REF/Sundrehagen/127
<b>APPLICANTS</b> Erling Sundrehagen, Oslo, NORWAY; Lars Orning, Oslo, NORWAY;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A CON OF PCT/GB99/03127 09/20/1999				
<b>** FOREIGN APPLICATIONS *****</b> UNITED KINGDOM 9820473.8 09/18/1998				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 11/27/2000</b>				
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>Sean K. Cook</i> Initials <i>LVC</i>	<b>STATE OR COUNTRY</b> NORWAY	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 27
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> Bacon & Thomas PLLC 625 Slaters Lane 4th Floor Alexandria, VA 22314-1176				
<b>TITLE</b> Cobalamin assay				
<b>FILING FEE RECEIVED</b> 966	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

APPLICATION NUMBER 09/679,043	FILING DATE 10/04/2000	CLASS 436	GROUP ART UNIT 1641	ATTORNEY DOCKET NO REF/SUNDREHA	
APPLICANT ERLING SUNDREHAGEN, OSLO, NORWAY; LARS ORNING, OSLO, NORWAY.  **CONTINUING DOMESTIC DATA***** VERIFIED THIS APPLN IS A CON OF 00/003,127 09/20/1999  **371 (NAT'L STAGE) DATA***** VERIFIED  **FOREIGN APPLICATIONS***** VERIFIED UNITED KINGDOM 9820473.8 09/20/1998  FOREIGN FILING LICENSE GRANTED 11/27/2000					
Foreign priority claimed O yes O no 35 USC 119 (a-d) conditions met O yes O no O Met after Allowance  Verified and acknowledged _____ Examiner's Name Initials		STATE OR COUNTRY NOX	SHEETS DRAWINGS 2	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 1
ADDRESS BACON & THOMAS PLLC 625 SLATERS LANE 4TH FLOOR ALEXANDRIA , VA 22314-1176					
TITLE COBALAMIN ASSAY					
FILING FEE RECEIVED  \$****0	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:		O All Fees O 1.16 Fees (Filing) O 1.17 Fees (Processing Ext. of Time) O 1.18 Fees (Issue) O Other _____ O Credit		